



**REQUEST FOR CRIMINAL HISTORY
RECORD INFORMATION
WASIS/NCIC III CHECK
NCIC / WACIC CHECK**

☐ Routine

☐ Urgent

Date of Request: _____

Type of Request:

☐ Classification Update

☐ Visitor re:

☐ Volunteer

☐ Intake

Offender _____

☐ Contract Employee

☐ PSI

☐ Furlough Sponsor

☐ Prospective Employee

☐ ESR / Risk

☐ Update Field File

☐ Firearms Requalification

☐ OOS Investigation

☐ Update Central File

☐ Vendor/Maintenance Worker

☐ Release/ORP/Parole Investigation

☐ Wants and Warrants

☐ Other _____

REQUIRED DATA:

DOC Number	SID Number	FBI Number	Full Legal Name (Last, First, Middle)
Date of Birth	Sex	Race	

OTHER DATA:

Maiden Name / Alias	Birthplace	
Maiden Name / Alias	Citizenship	
Maiden Name / Alias	Hair	Eyes
SSN	Height	Weight

Mail Stop: _____

**Address of Submitting
Office (if no mail stop)** _____

Current Washington State Driver's License

☐ Yes ☐ No

License Number: _____

☐ INTAKE/FOS – CCO SUBMIT FINGERPRINT CARDS TO YOUR LOCAL RECORDS OFFICE.

PERSON MAKING REQUEST:

Name(Print)	Title	Date
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Date

Initials

Check boxes for **Employment** and **Visitor** requests only.

Clear Criminal History ☐ Yes ☐ No

Clear Wants and Warrants ☐ Yes ☐ No

The contents of this document may be eligible for public disclosure. Social Security Numbers are considered confidential information and will be redacted in the event of such a request. This form is governed by Executive Order 00-03, RCW 42.56, and RCW 40.14.